

<i>SERFF Tracking Number:</i>	<i>ARBB-127977038</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>23-2622 10/11</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Special Amendment</i>		
<i>Project Name/Number:</i>	<i>Amendment/23-2622 10/11</i>		

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Special Amendment

SERFF Tr Num: ARBB-127977038 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2622 10/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne  
McNaughton, Frank Sewall, Rita  
Thatcher, Evelyn Laney

Disposition Date: 01/11/2012

Date Submitted: 01/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Amendment

Status of Filing in Domicile:

Project Number: 23-2622 10/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state  
of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 01/11/2012

State Status Changed: 01/11/2012

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find form 23-2622 10/11 for your review and approval if indicated.

This dental amendment describes employee eligibility. It also includes the effective dates for spouses and employees transferring from other cooperatives. It further includes a rehire policy for employee's who have been laid off for no more than six (6) months.

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Company Tracking Number: 23-2622 10/11  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO  
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Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the rider as part of the benefit certificates with which it will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this rider will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this rider is attached.

## Company and Contact

### Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com  
320 West Capitol, Ste 211 501-378-2165 [Phone]  
Little Rock, AR 72201 501-378-2975 [FAX]

### Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas  
601 S. Gaines Street Group Code: Company Type:  
Little Rock, AR 72201 Group Name: State ID Number: N/A  
(501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	01/11/2012	55207778

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	01/11/2012	01/11/2012

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## Disposition

Disposition Date: 01/11/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

SERFF Tracking Number: ARBB-127977038 State: Arkansas

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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Special Amendment

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## Form Schedule

Lead Form Number: 23-2622 10/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/11/2012	23-2622 10/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.300	23-2622 10-11Dental(First Electric).pdf



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
DENTAL GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2622**

**ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**, Provision A.1. a. is hereby amended to read as follows:

- A. Personal Insurance
  - 1. Employee Eligibility Date
    - a. Employees who work on a full-time basis for the employer are eligible for insurance after completion of the required Waiting Period, provided they are in a class of employees who are included in the Plan by the Employer. Employees shall be considered to work on a full-time basis if they regularly and routinely work the minimum number of hours per year specified by the Employer.

**ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**, Provision B.1.b. is hereby amended to read as follows.

- b. Spouse. When an Employee marries and wishes to have the Employee's Spouse covered, the Employee shall submit an application or change form within 30 days of the date of marriage. The effective date will be date of marriage and the Spouse will not be a Late Enrollee. If an Employee submits the application or change form after the 30-day period, coverage for the Spouse will become effective the first day of the Policy Month following the date the employee's application is accepted by the Company.

**ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**, Provision B. is hereby amended to add the following provision:

**Effective Date for Employees Transferring from Another Cooperative.** If the Company receives the transferring Employee's enrollment application within thirty (30) days of the date the Employee is first eligible for coverage, the Employee's coverage will become effective 12:01 a.m. on date the Employee was hired. If the transferring Employee submits the application or change form after the 30-day period, coverage for the Employee will become effective the first day of the Policy Month following the date the employee's application is accepted by the Company.

**Effective Date for Employees Rehired by Employer.** Subject to all other terms, conditions, exclusions and limitation in the Plan as set forth in this Benefit Certificate, an Employee who is rehired, after being laid off for no more than six (6) months, will be exempt from satisfying the Waiting Period and will be effective in the employee health benefit plan on his or her rehire date. However, they must apply for coverage within thirty (30) days from the date of rehire. If the Employee did not satisfy the entire Waiting Period prior to being laid off, time credit at a prior allied cooperative within the last twelve (12) months will be applied to the Waiting Period. The Employee will be required to

satisfy any remaining Waiting Period upon rehire prior to the coverage effective date. If the Employee is laid off for more than six (6) months, the entire Waiting Period will apply.

**ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE**, is hereby amended to add the following new provisions.

Alternate Eligibility for Coverage. The following additional Covered Persons meet the requirements for coverage as set out in the Plan provided the premium is timely paid.

- (1) Directors and their Eligible Dependents;
- (2) Attorneys and their Eligible Dependents;
- (3) Disabled Employees until their retirement and their Eligible Dependents;
- (4) Retirees and their Eligible Dependents; and
- (5) Widows and their Eligible Dependents.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	01/11/2012
<b>Comments:</b>	Please see attached.		
<b>Attachment:</b>	Flesch Certification Form 23-2622 10-11.pdf		
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	01/11/2012
<b>Bypass Reason:</b>	Not required.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	01/11/2012
<b>Bypass Reason:</b>	Not PPACA related.		
<b>Comments:</b>			



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE:           Arkansas Blue Cross and Blue Shield  
              Amendment No. 23-2622 1/12**

## **FLESCH READING EASE CERTIFICATION**

This is to certify that the above referenced documents has achieved a Flesch Reading Ease Score average of 40.3 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Vice President

Title

\_\_\_\_\_  
January 11, 2012

Date